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THAT	. Neducion Act of 1999, No	persons	Application Number	10/797		CSS II GIS	plays a valid of the condot training.
TRANSMITTAL		Filing Date		Mar 10, 2004			
	FORM		First Named Inventor	Jorg-F	Jorg-Reinhardt Kropp		
			Art Unit	2613			
(to be used for all o	correspondence after initial f	iling)	Examiner Name	Li liu	Li liu		
Total Number of Pa	ges in This Submission	2	Attorney Docket Number	475-010U			
_		ENC	LOSURES (Check all th	at apply	y)		
Fee Trans	mittal Form		Drawing(s)			After Al	lowance communication to (TC)
Fee	Attached		Licensing-related Papers				Communication to Board of and Interferences
Amendme	nt / Reply		Petition			Appea	l Communication to TC I Notice, Brief, Reply Brief)
Afte	r Final		Petition to Convert to a Provisional Application			Proprie	etary Information
Affic	lavits/declaration(s)	X	Power of Attorney, Revocation Change of Correspondence Ad	Idress		Status	Letter
Extension	of Time Request		Terminal Disclaimer		X	Other E	Enclosure(s) (please identify
Express Al	pandonment Request		Request for Refund		Return	n Posto	ard
Information Disclosure Statement C			CD, Number of CD(s)				
Certified C	opy of Priority		Landscape Table on CD	1			
Document(s) Reply to Missing Parts/ Remarks			narks	-			
	Application						
Reply 37 CF	to Missing Parts under R 1.52 or 1.53						
	SIGNA	ATURE	OF APPLICANT, ATTORN	IEY, O	R AGEN	т	
Firm Name	GSS LAW GROUP						
Signature							
Printed name	Printed name GREGORY SCOTT SMITH						
Date	June 19, 2008			eg. No.	38309		
CERTIFICATE OF TRANSMISSION/MAILING							
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Signature							
Typed or printed na	me EVANJELIN M. [DASALL	A			Date	June 19, 2008

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Application Number	10/797,814
Filing Date	Novembar 11, 2004
First Named Inventor	Jorg-Reinhardt Kropp
Art Unit	2613
Examiner Name	Li Liu
Attorney Docket Number	075791.0235

I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of Attorney is submitted herewith.							
OR I hereby appoint the practitioners associated with the Customer Number: 23429							
Please change the correspondence address for the above-identified application to: The address associated with							
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I am the: Applicant/Inventor: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is ericlosed. (Form PTO/SB/96)							
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Date June 17 2008 Telephone NOTE: Signatures of all the inventors or assignaces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one							
NOTE: Signaturez of all the inve signature is required, see below	thicre of assignace of record of the entire interest	or their representative(s) are re	quired. Submit multiple forms if more than one				
*Total of	forms are cultifilted.						

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